

# Application For Employment

County of Mono  
P.O. Box 696  
Bridgeport, CA 93517

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

**(PLEASE PRINT)**

Position(s) Applied For			Date of Application		
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Other	
Last Name		First Name		Middle Name	
Address		Number		Street	
				City	
				State	
				Zip Code	
Telephone Number(s) [Day, Evening, and Cell]				Social Security #:	
				Email Address:	

Are under 18 years of age? ☐ Yes ☐ No

If so, can you provide a work permit?

Have you ever filed an application with us before? ☐ Yes ☐ No

If Yes, give date

Have you ever been employed with us before? ☐ Yes ☐ No

If Yes, give date

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Proof of citizenship or immigration status will be required upon employment.

☐ Yes ☐ No

On what date would you be available for work?

Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

Have you been convicted of a felony within the last 7 years? ☐ Yes ☐ No

Convictions will not necessarily disqualify an applicant from employment.

If Yes, please explain \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

## EDUCATION

	Elementary School					High School				Undergraduate College/University				Graduate/Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Year/s Attended																	
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have receive																	
State any additional information you feel may be helpful to us in considering you as a contractor/consultant																	

Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

### List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:


## REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

- 1.
- 2.
- 3.

Have you ever had any job-related training in the United States military?

☐ Yes ☐ No

If Yes, please describe

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

☐ Yes ☐ No

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer		Dates Employed or Retained		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor/Contact	Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor/Contact	Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

## **Special Skills and Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that this application for employment shall be considered active for a period of time not to exceed 45 days, and that if I wish to be considered for employment beyond that time period, I should inquire as to whether or not applications are being accepted at a later time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law or written agreement executed by both employer and employee, any employment relationship with this organization is governed solely by this organization's personnel policies and procedures, as amended from time to time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge or other disciplinary measures. I understand, also, that I am required to abide by all rules and regulations of the employer.

This application must be completed to qualify for consideration.

Attachments will be accepted with, but not in place of, a completed application.

Signature of Applicant

Date

### FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks

Employed ☐ Yes ☐ No Interviewer Date

Date of Employment

Job Title Hourly Rate/Salary Department

By Name and Title Date

NOTES